



State of Maine
PROPERTY TAX EXEMPTION APPLICATION

**For a cooperative housing corporation shareholder who is
a surviving spouse, parent, or minor child of a deceased veteran.**

36 M.R.S. § 653 and Property Tax Bulletin No. 7

Information in completed applications is confidential.

You must file this application, including all required attachments, with the cooperative housing corporation in which you are a shareholder.

1. Name of surviving applicant: _____ 2. Telephone: _____

3. Mailing address: _____

4. Legal residence: _____ 5. Date of birth: _____

6. Check the applicable boxes:

☐ I receive compensation from the U.S. Government as the unremarried widowed spouse, the minor child, or unremarried widowed parent of a veteran.

Relationship to deceased veteran:

☐ Widow ☐ Widower ☐ Minor Child ☐ Widowed Father ☐ Widowed Mother

☐ I am the beneficiary of a revocable living trust that held the property for which I claim exemption.

Information Relating to the Deceased Veteran

7. Name of veteran: _____ 8. Date of birth _____

9. Date of entry into armed forces: _____ 10. Date of discharge/retirement: _____

11. Legal residence as of date on line 9: _____

12. Service Number/SSN: _____ 13. Date of death: _____

14. VA disability pension claim No: C- _____

15. Check the applicable boxes:

☐ The veteran's death was service connected.

☐ The veteran, as of the date on line 14, received compensation based on 100% disability.

☐ The veteran received a grant from the U.S. Government for specially adapted housing as a paraplegic.

DECLARATION(S) UNDER THE PENALTIES OF PERJURY. I declare that I have examined this return/report/document and (if applicable) accompanying schedules and statements and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of applicant: _____ Date: _____ Email: _____

Completed forms must be filed with your local cooperative housing corporation along with sufficient evidence to show exemption eligibility. This form will be included with the cooperative housing corporation's veteran exemption application which must be filed by April 1 of the tax year for which the exemption is first requested. Forms filed after April 1 of any year will be applied to the subsequent year tax assessment.

FOR ASSESSOR USE ONLY - CERTIFICATE OF APPROVAL OF SHAREHOLDER'S EXEMPT STATUS

The cooperative housing corporation is eligible for the following exemption amount:

☐ \$6,000 Post W.W.I

☐ \$7,000 W.W.I

☐ \$50,000 Paraplegic

In determining the local assessed value of the exemption, the assessor must multiply the amount of the exemption by the certified ratio.

Date approved: _____ Effective date: _____

Approved by: _____ Title: _____